

<i>SERFF Tracking Number:</i>	<i>HCAS-125376375</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$650</i>
<i>Company Tracking Number:</i>	<i>CL20070153</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines Forms Filing</i>		
<i>Project Name/Number:</i>	<i>Company Rebranding/CL20070153</i>		

Filing at a Glance

Companies: American Fire and Casualty Company, Ohio Security Insurance Company, The Ohio Casualty Insurance Company, West American Insurance Company

Product Name: Commercial Lines Forms Filing SERFF Tr Num: HCAS-125376375 State: Arkansas

TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$650

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: CL20070153 State Status: Fees verified and received

Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Dave Puckett	Disposition Date: 12/17/2007
	Date Submitted: 12/05/2007	Disposition Status: Approved

Effective Date Requested (New): 02/09/2008

Effective Date Requested (Renewal): 02/09/2008

Effective Date (New): 02/09/2008

Effective Date (Renewal):
02/09/2008

State Filing Description:

General Information

Project Name: Company Rebranding

Project Number: CL20070153

Reference Organization:

Reference Title:

Filing Status Changed: 12/17/2007

State Status Changed: 12/10/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are submitting revised company forms due to the recent acquisition of the Ohio Casualty Group by Liberty Mutual.

Company and Contact

Filing Contact Information

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650
Company Tracking Number: CL20070153
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

Dave Puckett, Product Staff Underwriter Dave.Puckett@ocas.com
9450 Seward Road (800) 843-6446 [Phone]
Fairfield, OH 45014-5456 (513) 603-3123[FAX]

Filing Company Information

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

Ohio Security Insurance Company	CoCode: 24082	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0541777	

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	

West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0624491	

SERFF Tracking Number: HCAS-125376375 State: Arkansas
 First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650
 Company Tracking Number: CL20070153
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Commercial Lines Forms Filing
 Project Name/Number: Company Rebranding/CL20070153

Filing Fees

Fee Required? Yes
 Fee Amount: \$650.00
 Retaliatory? No
 Fee Explanation: Filing Fee = \$50 each filing x line of business

Ohio Casualty = \$50 x 4 lines (Comm. Auto, BOP, CGL, Comm. IM) = \$200
 West American = \$50 x 4 lines (Comm. Auto, BOP, CGL, Comm. IM) = \$200
 American Fire & Casualty = \$50 x 4 lines (Comm. Auto, BOP, CGL, Comm. IM) = \$200
 Ohio Security = \$50 x 1 line (CGL) = \$50
 Total Filing Fees = \$650

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	12/05/2007	
Ohio Security Insurance Company	\$0.00	12/05/2007	
The Ohio Casualty Insurance Company	\$650.00	12/05/2007	16956927
West American Insurance Company	\$0.00	12/05/2007	

<i>SERFF Tracking Number:</i>	<i>HCAS-125376375</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$650</i>
<i>Company Tracking Number:</i>	<i>CL20070153</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines Forms Filing</i>		
<i>Project Name/Number:</i>	<i>Company Rebranding/CL20070153</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/17/2007	12/17/2007

<i>SERFF Tracking Number:</i>	<i>HCAS-125376375</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$650</i>
<i>Company Tracking Number:</i>	<i>CL20070153</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines Forms Filing</i>		
<i>Project Name/Number:</i>	<i>Company Rebranding/CL20070153</i>		

Disposition

Disposition Date: 12/17/2007

Effective Date (New): 02/09/2008

Effective Date (Renewal): 02/09/2008

Status: Approved

Comment: There will be refund for overpayment on filing fees coming.

Please make note for the future that form filings are only a \$50 fee charge per filing. It doesn't matter how many companies, line of business or forms.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650
Company Tracking Number: CL20070153
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter and Filing Memorandum	Approved	Yes
Form	Artisan Contractors Liab Dec	Approved	Yes
Form	Business Auto Policy Manual Dec	Approved	Yes
Form	Business Auto Policy Manual Dec Sched	Approved	Yes
Form	Truckers Policy Manual Dec	Approved	Yes
Form	Truckers Policy Manual Dec Sched	Approved	Yes
Form	Garage (Non-Dealers) Policy Manual Dec	Approved	Yes
Form	Garage (Non-Dealers) Policy Manual Dec Sched	Approved	Yes
Form	Motor Carrier Policy Man Dec	Approved	Yes
Form	Motor Carrier Policy Manual Dec Schedule	Approved	Yes
Form	Garage (Dealers) Policy Manual Dec	Approved	Yes
Form	Common Policy Decs (Paris)	Approved	Yes
Form	Business Auto Policy Dec (Paris)	Approved	Yes
Form	Comm Gen Liab Dec	Approved	Yes
Form	Dec Schedule	Approved	Yes
Form	Liquor Liab Dec	Approved	Yes
Form	Railroad Protective Liab Dec	Approved	Yes
Form	Products/Completed Operations Liab Dec	Approved	Yes
Form	Employers' Stop Gap Liab Dec	Approved	Yes
Form	Employee Benefits Liab Dec	Approved	Yes
Form	Owners and Contractors Protective Liab Dec	Approved	Yes
Form	Custom HomeBuilders Common Policy Dec	Approved	Yes
Form	Printers Errors and Omissions Liab Dec	Approved	Yes
Form	Declarations Schedule	Approved	Yes
Form	Contractors E & O Dec	Approved	Yes
Form	Comm Inland Marine Manual Dec	Approved	Yes
Form	Comm Inl Marine Manual Dec Schedule	Approved	Yes

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650
Company Tracking Number: CL20070153
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

Form

Form	Comm Inl Marine Dec Sched - Acct Rec Cov	Approved	Yes
Form	Comm Inl Marine Dec Sched - Camera & Musical Inst	Approved	Yes
Form	Comm Inl Marine Dc Sched - Comm Articles Cov	Approved	Yes
Form	Comm Inl Marine Dec Sched - Phys & Surgeons Equip	Approved	Yes
Form	Comm Inl Marine Dec Sched - Valuable Papers & Records	Approved	Yes
Form	Comm Inl Marine Dec Shed - Bailee Cov	Approved	Yes
Form	Comm Inl Marine Dec Sched - Builders Risk	Approved	Yes
Form	Comm Inl Marine Dec Sched - Computer & Telecomm Equip	Approved	Yes
Form	Comm Inl Marine Dec Sched - Tools & Equip Cov	Approved	Yes
Form	Comm Inl Marine Dec Sched - Installation Cov	Approved	Yes
Form	Comm Inl Marine Dec Sched - Misc Property	Approved	Yes
Form	Comm Inl Marine Dec Sched - Motor Trk Cargo	Approved	Yes
Form	Comm Inl Marine Dec Sched - Patterns & Dies Cov	Approved	Yes
Form	Comm Inl Marine Dec Sched - Radio, TV Tower & Equip	Approved	Yes
Form	Comm Inl Marine Dec Sched - Transportation Cov	Approved	Yes
Form	Comm Inl Marine Dec Sched - Trip Transit Cov	Approved	Yes
Form	Comm Inl Marine Dec Sched - Aritsan Contractors Cov	Approved	Yes
Form	Automobile Services Supplemental Dec	Approved	Yes
Form	Policyholder Inf (Automated)	Approved	Yes
Form	Common Policy Dec (Automated)	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>HCAS-125376375</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$650</i>
<i>Company Tracking Number:</i>	<i>CL20070153</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines Forms Filing</i>		
<i>Project Name/Number:</i>	<i>Company Rebranding/CL20070153</i>		

Form	Comm (Line Specific) Dec (Automated)	Approved	Yes
Form	Comm (Line Specific) Sched (Automated)	Approved	Yes
Form	Result of Cancellation (Automated)	Approved	Yes
Form	Result of Reinstatement (Automated)	Approved	Yes
Form	Policy Change End (Automated)	Approved	Yes
Form	Common Policy Dec (Manual)	Approved	Yes
Form	Result of Reinstatement (Manual)	Approved	Yes
Form	Result of Cancellation (Manual)	Approved	Yes

SERFF Tracking Number: HCAS-125376375 State: Arkansas

First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650

Company Tracking Number: CL20070153

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines Forms Filing

Project Name/Number: Company Rebranding/CL20070153

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Artisan Contractors Liab Dec	DS 81 02	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 81 02 09 01 Previous Filing #:		DS 81 02 01 08.pdf
Approved	Business Auto Policy Manual Dec	DS 70 38	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 38 01 03 Previous Filing #:		DS 70 38 01 08.pdf
Approved	Business Auto Policy Manual Dec Sched	DS 70 39	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 39 01 03 Previous Filing #:		DS 70 39 01 08.pdf
Approved	Truckers Policy Manual Dec	DS 70 44	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 44 01 03 Previous Filing #:		DS 70 44 01 08.pdf
Approved	Truckers Policy Manual Dec Sched	DS 70 45	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 45 01 03 Previous Filing #:		DS 70 45 01 08.pdf
Approved	Garage (Non-Dealers) Policy Manual Dec	DS 70 46	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 46 01 03 Previous Filing #:		DS 70 46 01 08.pdf
Approved	Garage (Non-Dealers) Policy Manual Dec Sched	DS 70 47	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 47 01 03 Previous Filing #:		DS 70 47 01 08.pdf
Approved	Motor Carrier Policy Man Dec	DS 70 48	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 48 01 03 Previous Filing #:		DS 70 48 01 08.pdf
Approved	Motor Carrier Policy Manual Dec Schedule	DS 70 49	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 49 01 03 Previous Filing #:		DS 70 49 01 08.pdf
Approved	Garage (Dealers) Policy Manual Dec	DS 70 58	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 58 01 03 Previous Filing #:		DS 70 58 01 08.pdf
Approved	Common Policy Decs (Paris)	DS 70 42	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 42 01 03		DS 70 42 01 08.pdf

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650
Company Tracking Number: CL20070153
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

				Previous Filing #:	
Approved	Business Auto Policy Dec (Paris)	DS 70 43 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 43 01 03	DS 70 43 01 08.pdf
				Previous Filing #:	
Approved	Comm Gen Liab Dec	CG 80 00 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 80 00 09 01	CG 80 00 01 08.pdf
				Previous Filing #:	
Approved	Dec Schedule	CG 80 01 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 80 01 09 01	CG 80 01 01 08.pdf
				Previous Filing #:	
Approved	Liquor Liab Dec	CG 81 03 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 81 03 09 01	CG 81 03 01 08.pdf
				Previous Filing #:	
Approved	Railroad Protective Liab Dec	CG 81 04 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 81 04 09 01	CG 81 04 01 08.pdf
				Previous Filing #:	
Approved	Products/Comple ed Operations Liab Dec	CG 81 06 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CG 81 06 09 01	CG 81 06 01 08.pdf
				Previous Filing #:	
Approved	Employers' Stop Gap Liab Dec	DS 70 19 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 19 09 01	DS 70 19 01 08.pdf
				Previous Filing #:	
Approved	Employee Benefits Liab Dec	DS 80 09 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 80 09 09 01	DS 80 09 01 08.pdf
				Previous Filing #:	
Approved	Owners and Contractors Protective Liab Dec	DS 81 00 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 81 00 09 01	DS 81 00 01 08.pdf
				Previous Filing #:	
Approved	Custom HomeBuilders Common Policy Dec	DS 81 07 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 81 07 07 06	DS 81 07 01 08.pdf
				Previous Filing #:	
Approved	Printers Errors and Omissions Liab Dec	DS 70 35 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 35 05 01	DS 70 35 01 08.pdf
				Previous Filing #:	
Approved	Declarations Schedule	DS 70 36 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 36 05 01	DS 70 36 01 08.pdf

SERFF Tracking Number: HCAS-125376375 State: Arkansas
 First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650
 Company Tracking Number: CL20070153
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Commercial Lines Forms Filing
 Project Name/Number: Company Rebranding/CL20070153

				Previous Filing #:	
Approved	Contractors E & O Dec	DS 81 06 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 81 06 01 05	DS 81 06 01 08.pdf
				Previous Filing #:	
Approved	Comm Inland Marine Manual Dec	CM 74 00 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 00 09 01	CM 74 00 01 08.pdf
				Previous Filing #:	
Approved	Comm Inl Marine Manual Dec Schedule	CM 74 10 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 10 01 86	CM 74 10 01 08.pdf
				Previous Filing #:	
Approved	Comm Inl Marine Dec Sched - Acct Rec Cov	CM 74 20 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 20 09 04	CM 74 20 01 08.pdf
				Previous Filing #:	
Approved	Comm Inl Marine Dec Sched - Camera & Musical Inst	CM 74 21 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 21 03 89	CM 74 21 01 08.pdf
				Previous Filing #:	
Approved	Comm Inl Marine Dc Sched - Comm Articles Cov	CM 74 22 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 22 03 89	CM 74 22 01 08.pdf
				Previous Filing #:	
Approved	Comm Inl Marine Dec Sched - Phys & Surgeons Equip	CM 74 30 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 30 12 95	CM 74 30 01 08.pdf
				Previous Filing #:	
Approved	Comm Inl Marine Dec Sched - Valuable Papers & Records	CM 74 33 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 74 33 03 89	CM 74 33 01 08.pdf
				Previous Filing #:	
Approved	Comm Inl Marine Dec Shed - Bailee Cov	CM 75 11 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 11 06 86	CM 75 11 01 08.pdf
				Previous Filing #:	
Approved	Comm Inl Marine Dec Sched - Builders Risk	CM 75 19 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 19 06 86	CM 75 19 01 08.pdf
				Previous Filing #:	
Approved	Comm Inl Marine Dec Sched - Computer &	CM 75 43 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 43 03 99	CM 75 43 01 08.pdf
				Previous Filing #:	

SERFF Tracking Number: HCAS-125376375 State: Arkansas
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650
Company Tracking Number: CL20070153
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Lines Forms Filing
Project Name/Number: Company Rebranding/CL20070153

Telecomm Equip

Approved	Comm Inl Marine CM 75 58 01 08 Dec Sched - Tools & Equip Cov	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 58 05 99 Previous Filing #:	CM 75 58 01 08.pdf
Approved	Comm Inl Marine CM 75 81 01 08 Dec Sched - Installation Cov	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 81 03 99 Previous Filing #:	CM 75 81 01 08.pdf
Approved	Comm Inl Marine CM 75 91 01 08 Dec Sched - Misc Property	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 75 91 01 86 Previous Filing #:	CM 75 91 01 08.pdf
Approved	Comm Inl Marine CM 76 05 01 08 Dec Sched - Motor Trk Cargo	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 05 12 97 Previous Filing #:	CM 76 05 01 08.pdf
Approved	Comm Inl Marine CM 76 22 01 08 Dec Sched - Patterns & Dies Cov	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 22 01 86 Previous Filing #:	CM 76 22 01 08.pdf
Approved	Comm Inl Marine CM 76 31 01 08 Dec Sched - Radio, TV Tower & Equip	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 31 01 86 Previous Filing #:	CM 76 31 01 08.pdf
Approved	Comm Inl Marine CM 76 62 01 08 Dec Sched - Transportation Cov	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 62 12 97 Previous Filing #:	CM 76 62 01 08.pdf
Approved	Comm Inl Marine CM 76 71 01 08 Dec Sched - Trip Transit Cov	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 76 71 01 86 Previous Filing #:	CM 76 71 01 08.pdf
Approved	Comm Inl Marine CM 77 43 01 08 Dec Sched - Aritsan Contractors Cov	Declaration Replaced s/Schedule	Replaced Form #:0.00 CM 77 43 12 95 Previous Filing #:	CM 77 43 01 08.pdf
Approved	Automobile BP 79 17 01 08 Services Supplemental Dec	Declaration Replaced s/Schedule	Replaced Form #:0.00 BP 79 17 11 90 Previous Filing #:	BP 79 17 01 08.pdf
Approved	Policyholder Inf DS 70 20 01 08	Declaration Replaced	Replaced Form #:0.00	DS 70 20 01

SERFF Tracking Number: HCAS-125376375 State: Arkansas
 First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$650
 Company Tracking Number: CL20070153
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Commercial Lines Forms Filing
 Project Name/Number: Company Rebranding/CL20070153

	(Automated)		s/Schedule	DS 70 20 01 01	08.pdf
				Previous Filing #:	
Approved	Common Policy Dec (Automated)	DS 70 21 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 21 01 01	DS 70 21 01 08.pdf
				Previous Filing #:	
Approved	Comm (Line Specific) Dec (Automated)	DS 70 22 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 22 01 01	DS 70 22 01 08.pdf
				Previous Filing #:	
Approved	Comm (Line Specific) Sched (Automated)	DS 70 23 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 23 01 01	DS 70 23 01 08.pdf
				Previous Filing #:	
Approved	Result of Cancellation (Automated)	DS 70 25 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 25 01 01	DS 70 25 01 08.pdf
				Previous Filing #:	
Approved	Result of Reinstatement (Automated)	DS 70 26 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 26 01 01	DS 70 26 01 08.pdf
				Previous Filing #:	
Approved	Policy Change End (Automated)	DS 70 27 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 27 01 01	DS 70 27 01 08.pdf
				Previous Filing #:	
Approved	Common Policy Dec (Manual)	DS 70 31 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 31 09 01	DS 70 31 01 08.pdf
				Previous Filing #:	
Approved	Result of Reinstatement (Manual)	DS 70 34 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 34 09 01	DS 70 34 01 08.pdf
				Previous Filing #:	
Approved	Result of Cancellation (Manual)	DS 70 56 01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 DS 70 56 04 03	DS 70 56 01 08.pdf
				Previous Filing #:	

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Artisan Contractors Liability
Declarations**

Basis: Occurrence

Policy Period:

From To
12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF LIMITS AND CHARGES

Artisan Contractors Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	
	Damage To Premises Rented To You Limit (Any One Premises)	
	Medical Expense Limit (Any One Person)	
	Personal and Advertising Injury Limit	
	General Aggregate Limit (Other than Products - Completed Operations)	
	Products - Completed Operations Aggregate Limit	
	Off Premises Care, Custody or Control Coverage	
	Voluntary Property Damage	

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

DS 81 02 01 08

Page 1 of 1

Coverage Is Provided In:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Business Automobile
Policy Declarations**

POLICY NUMBER

Policy Period:

From **To**
12:01 a.m. Standard Time
at Insured Mailing Location
Entity

Renewal of Policy No.

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured's Business:

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

***See Business Auto Coverage Form CA 00 01 for Covered Auto Symbol Descriptions**

COVERAGES	LIMIT	PREMIUM
Liability		

Covered Auto Symbol(s)

Covered Auto Symbol(s)

Covered Auto Symbol(s)

NAMED INSURED:

POLICY NUMBER:

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS - continued

COVERAGES	LIMIT	PREMIUM
-----------	-------	---------

Personal Injury Protection

Added Personal Injury Protection

	Covered Auto Symbol(s)	
--	------------------------	--

Comprehensive

Specified Causes of Loss

Collision

	Covered Auto Symbol(s)	
--	------------------------	--

Towing & Labor Cost

	Covered Auto Symbol(s)	
--	------------------------	--

Miscellaneous Coverages

	Covered Auto Symbol(s)	
--	------------------------	--

Other Charges

Certified Acts of Terrorism

	Total Provisional Charges:	
--	-----------------------------------	--

Note: This is not a bill

NAMED INSURED:

POLICY NUMBER:

ITEM FOUR - HIRED AUTO COVERAGE

	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire
Liability		
Comprehensive		
Actual Cash Value or Cost of Repairs, whichever is less, minus \$ Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.		
Collision		
Actual Cash Value or Cost of Repairs, whichever is less, minus \$ Ded. for each covered auto.		
Specified Cause of Loss		
Actual Cash Value or Cost of Repairs whichever is less, minus \$25 for each covered auto for loss caused by mischief or vandalism.		

Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FIVE - NON-OWNERSHIP LIABILITY COVERAGE

Number of Employees

NAMED INSURED:

POLICY NUMBER:

ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS

Estimated Yearly:	Gross Receipts	Mileage
--------------------------	-----------------------	----------------

Rates:	Per \$100 of Gross Receipts	Per Mile
---------------	------------------------------------	-----------------

Liability Insurance Premiums

Auto Medical Payments Premiums

Total Premium

Mimimum Premium

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

NAMED INSURED:

POLICY NUMBER:

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
--------------------	--------------

NAMED INSURED:

POLICY NUMBER:

Named Insured

Agent

ITEM THREE: COVERED VEHICLES AND PREMIUM DETAIL

VIN:

Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE	
	DESCRIPTION						PREMIUM

Total Premium

VIN:

Rating	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
Factors						
	DESCRIPTION					PREMIUM

Total Premium

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

POLICY NUMBER

Policy Period:

From **To**
12:01 a.m. Standard Time
at Insured Mailing Location
Entity

Renewal of Policy No.

VARIOUS LOGOS

**Truckers
Policy Declarations**

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured's Business:

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Truckers Coverage Form next to the name of the coverage.

***See Truckers Coverage Form CA 00 12 for Covered Auto Symbol Descriptions**

COVERAGES	LIMIT	PREMIUM
-----------	-------	---------

Liability

Covered Auto Symbol(s)

Covered Auto Symbol(s)

Covered Auto Symbol(s)

To report a claim, call your Agent or 1-800-366-6446

DS 70 44 01 08

Page 1 of 5

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS - continued

COVERAGES	LIMIT	PREMIUM
-----------	-------	---------

Personal Injury Protection

Added Personal Injury Protection

Covered Auto Symbol(s)

TRAILER INTERCHANGE

Comprehensive

Specified Causes of Loss

Collision

Covered Auto Symbol(s)

Comprehensive

Specified Causes of Loss

Collision

Covered Auto Symbol(s)

Towing & Labor Cost

Covered Auto Symbol(s)

Miscellaneous Coverages

Covered Auto Symbol(s)

Other Charges

Certified Acts of Terrorism

Total Provisional Charges:

Note: This is not a bill

ITEM FOUR - HIRED AUTO COVERAGE

	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
Liability			
Comprehensive			
Actual Cash Value or Cost of Repairs, whichever is less, minus \$ Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.			
Collision			
Actual Cash Value or Cost of Repairs, whichever is less, minus \$ Ded. for each covered auto.			
Specified Cause of Loss			
Actual Cash Value or Cost of Repairs whichever is less, minus \$25 for each covered auto for loss caused by mischief or vandalism.			

Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FIVE - NON-OWNERSHP LIABILITY COVERAGE

Number of Employees

Premium

Number of Partners

Total Premium

ITEM SIX - TRAILER INTERCHANGE COVERAGE

Daily Rate

Estimated
Premium

Comprehensive

Specified Causes of Loss

Collision

Total Premium

ITEM SEVEN - SCHEDULE FOR GROSS RECEIPTS - LIABILITY INSURANCE

Estimated Yearly:

Gross Receipts

Rates:

Per \$100 of Gross Receipts

Liability Insurance Premiums

Auto Medical Payments Premiums

Total Premium

Minimum Premium

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from the renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
--------------------	--------------

NAMED INSURED:

POLICY NUMBER:

Named Insured

Agent

ITEM THREE: COVERED VEHICLES AND PREMIUM DETAIL

VIN:

Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION					PREMIUM

Total Premium

VIN:

Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION					PREMIUM

Total Premium

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

POLICY NUMBER

Policy Period:

From To
12:01 a.m. Standard Time
at Insured Mailing Location
Entity

Renewal of Policy No.

VARIOUS LOGOS

Garage (Non-Dealers)
Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured's Business:

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Garage Coverage Form next to the name of the coverage.

*See Garage Coverage Form CA 00 05 for Covered Auto Symbol Descriptions

COVERAGES	LIMIT	PREMIUM
-----------	-------	---------

Liability

ACV MEANS ACTUAL CASH VALUE

Each "Accident" "Garage Operations" "Auto" Only	Other Than "Auto" Only	Aggregate- "Garage Operations" Other Than "Auto" Only
\$	\$	\$

Covered Auto Symbol(s)

Covered Auto Symbol(s)

Covered Auto Symbol(s)

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS - continued

COVERAGES	LIMIT	PREMIUM
-----------	-------	---------

Personal Injury Protection		
----------------------------	--	--

Added Personal Injury Protection		
----------------------------------	--	--

Covered Auto Symbol(s)

GARAGE KEEPERS		
----------------	--	--

Comprehensive		
---------------	--	--

Specified Causes of Loss		
--------------------------	--	--

Collision		
-----------	--	--

Covered Auto Symbol(s)

PHYSICAL DAMAGE		
-----------------	--	--

Comprehensive		
---------------	--	--

Specified Causes of Loss		
--------------------------	--	--

Collision		
-----------	--	--

Covered Auto Symbol(s)

Towing & Labor Cost		
---------------------	--	--

Covered Auto Symbol(s)

Miscellaneous Coverages		
-------------------------	--	--

Covered Auto Symbol(s)

Other Charges		
---------------	--	--

Certified Acts of Terrorism		
-----------------------------	--	--

Total Provisional Charges:		
----------------------------	--	--

Note: This is not a bill

NON-DEALERS**ITEM THREE - LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS**

Location No.	Address state your main business location as Location No. 1	Territory
--------------	--	-----------

ITEM FOUR - LIABILITY COVERAGE - PAYROLL RATING BASIS

Location No.	Estimated Payroll	Rate Per \$100 of Payroll	Premium
--------------	-------------------	---------------------------	---------

Total Premium

ITEM FIVE - GARAGEKEEPERS COVERAGES AND PREMIUMS

Location No.	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM; OR \$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO
	Specified Causes Of Loss	\$		MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.		

Location No.	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM; OR \$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO
	Specified Causes Of Loss	\$		MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.		

Total Premium

DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐ **EXCESS INSURANCE**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **PRIMARY INSURANCE**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

ITEM SIX - HIRED AUTO COVERAGE - NON-DEALERS

State	Estimated Cost of Hire for each state	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov is primary)	Premium
-------	---	--	--	---------

Liability (Autos not used in your
Motor Carrier Operations)

Total Premium

Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
--	-------------------------------------	---	---------

Physical Damage Coverage**Comprehensive**

Actual Cash Value or Cost of Repairs,
minus \$ Ded. for each
covered auto, but no deductible applies
to loss caused by fire or lightning.

Collision

Actual Cash Value or Cost of Repairs,
minus \$ Ded. for each
covered auto.

Specified Cause of Loss

Actual Cash Value or Cost of Repairs
minus \$25 for each covered auto for loss
caused by mischief or vandalism.

Total Premium

ITEM EIGHT - MEDICAL PAYMENTS COVERAGE

Premium

Auto Medical Payments Only

Auto Medical Payments Premium equals %
of the Liability Premium

Premises and Operations Medical Payments

Premises and Operations Medical Payments
equals % of the Liability Premium

Premises and Operations and Auto Medical Payments

Premises and Operations and Auto Medical
Payments Premium equals %
of the Liability Premium

ITEM NINE - SCHEDULE FOR NON-DEALERS PHYSICAL DAMAGE

The PHYSICAL DAMAGE COVERAGE provisions of the Garage Coverage Form relating to dealers apply to those autos held for sale by non-dealers and traile dealers. Each of the following PHYSICAL DAMAGE COVERAGE coverages that is indicated in **ITEM TWO** applies to the types of "autos" and interests indicated below by "☒"

Coverages	Types of autos		Interests covered			
	New "Autos"	Used "autos" and Demonstrators	Your interest in covered "autos" you own	Your interest and the financed covered "autos"	Your interest and the interest of any creditor named as a loss payee.	All interest in any auto not owned by you or any creditor while in your possession on consignment for sale.
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec'd Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location No.	Coverages	Limit of Insurance For Each Location			Rates	Premium
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM: OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Specified Causes of Loss					
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM: OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Specified Causes of Loss					
3	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM: OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Specified Causes of Loss					
All	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO			Adjustment Factor	Premium
		BLANKET ANNUAL COLLISION RATES				
		First \$50,000	\$50,001 to \$100,000	Over \$100,000		
Our limit of insurance for "loss" at all locations other than those stated in ITEM THREE					TOTAL PREMIUM	

Our limit of insurance for "loss" at all locations other than those stated in **ITEM THREE**

\$ Additional locations where you store covered "autos"
\$ In transit

PREMIUM BASIS - REPORTING (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "☒")

☐ **REPORTING BASIS** (Quarterly or Monthly as indicated below by "☒").

You must report to us on our form the locations of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, you executives, your employees or family members and other non-employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in **ITEM THREE**. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

- ☐ **QUARTERLY** You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.
- ☐ **MONTHLY** You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☐ **NONREPORTING BASIS** Stated limit of liability shown above applies.

Loss Payee - Any loss is payable as interest may appear to you and:

NAMED INSURED:

POLICY NUMBER:

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
--------------------	--------------

NAMED INSURED:

POLICY NUMBER:

Named Insured

Agent

ITEM SEVEN: COVERED VEHICLES AND PREMIUM DETAIL

VIN:

Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION					PREMIUM

Total Premium

VIN:

Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION					PREMIUM

Total Premium

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

POLICY NUMBER

Policy Period:

From **To**
12:01 a.m. Standard Time
at Insured Mailing Location
Entity

Renewal of Policy No.

VARIOUS LOGOS

**Motor Carrier
Policy Declarations**

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured's Business:

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Motor Carrier Coverage Form next to the name of the coverage.

***See Truckers Coverage Form CA 00 20 for Covered Auto Symbol Descriptions**

COVERAGES	LIMIT	PREMIUM
-----------	-------	---------

Liability

Covered Auto Symbol(s)

Covered Auto Symbol(s)

Covered Auto Symbol(s)

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS - continued

COVERAGES	LIMIT	PREMIUM
-----------	-------	---------

Personal Injury Protection

Added Personal Injury Protection

	Covered Auto Symbol(s)	
--	------------------------	--

TRAILER INTERCHANGE
Comprehensive

Specified Causes of Loss

Collision

	Covered Auto Symbol(s)	
--	------------------------	--

Comprehensive

Specified Causes of Loss

Collision

	Covered Auto Symbol(s)	
--	------------------------	--

Towing & Labor Cost

	Covered Auto Symbol(s)	
--	------------------------	--

Miscellaneous Coverages

	Covered Auto Symbol(s)	
--	------------------------	--

Other Charges

Certified Acts of Terrorism

Total Provisional Charges:

Note: This is not a bill

ITEM FOUR - HIRED AUTO COVERAGE

State	Estimated Cost of Hire for each state	Rate Per Each \$100 Cost of Hire	Factor (If Liab. Cov is primary)	Premium
-------	---	--	--	---------

Liability (Autos not used in your
Motor Carrier Operations)

	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
--	----------------------------------	---	---------

Liability (Autos used in your Motor
Carrier Operations)

Comprehensive

Actual Cash Value or Cost of Repairs,
minus \$ Ded. for each covered
auto, but no deductible applies to loss
caused by fire or lightning.

Collision

Actual Cash Value or Cost of Repairs,
minus \$ Ded. for each covered
auto.

Specified Cause of Loss

Actual Cash Value or Cost of Repairs
minus \$25 for each covered auto for loss
caused by mischief or vandalism.

Cost of Hire means:

- The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein.
- The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver or lessor or an employee of the lessee, or any other third party, and,
- The total dollar amount of any other costs (i.e. repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE - NON-OWNERSHP LIABILITY COVERAGE

Number of Employees

Number of Partners

ITEM SIX - TRAILER INTERCHANGE COVERAGE

	Daily Rate	Estimated Premium
Comprehensive		
Specified Causes of Loss		
Collision		

Total Premium

ITEM SEVEN - SCHEDULE FOR GROSS RECEIPTS - LIABILITY INSURANCE

Estimated Yearly:	Gross Receipts
-------------------	----------------

Rates:	Per \$100 of Gross Receipts
--------	-----------------------------

Liability Insurance Premiums

Auto Medical Payments Premiums

Total Premium

Minimum Premium

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from the renting equipment, with or without drivers, to anyone who is not a "motor carrier" and 15% of the total amount received from renting any equipment to any "motor carrier". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

NAMED INSURED:

POLICY NUMBER:

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
-------------	-------

POLICY NUMBER:

Agent

VIN:

Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION	PREMIUM				
<div>Total Premium</div>						

Rating Factors	CLASS	COST NEW	TERRITORY	RISK STATE	RATING ZIP	TOWN CODE
	DESCRIPTION					PREMIUM
<hr/>						
<i>Total Premium</i>						

Page 1 of 1

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

POLICY NUMBER

Policy Period:

From **To**
12:01 a.m. Standard Time
at Insured Mailing Location
Entity

Renewal of Policy No.

VARIOUS LOGOS

**Garage (Dealers)
Policy Declarations**

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured's Business:

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Garage Coverage Form next to the name of the coverage.

***See Garage Coverage Form CA 00 05 for Covered Auto Symbol Descriptions**

COVERAGES	LIMIT	PREMIUM
-----------	-------	---------

Liability

ACV MEANS ACTUAL CASH VALUE		
Each "Accident" "Garage Operations" "Auto" Only	Other Than "Auto" Only	Aggregate- "Garage Operations" Other Than "Auto" Only
\$	\$	\$

Covered Auto Symbol(s)

Covered Auto Symbol(s)

Covered Auto Symbol(s)

To report a claim, call your Agent or 1-800-366-6446

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS - continued

COVERAGES	LIMIT	PREMIUM
-----------	-------	---------

Personal Injury Protection		
----------------------------	--	--

Added Personal Injury Protection		
----------------------------------	--	--

	Covered Auto Symbol(s)	
--	------------------------	--

GARAGE KEEPERS		
----------------	--	--

Comprehensive		
---------------	--	--

Specified Causes of Loss		
--------------------------	--	--

Collision		
-----------	--	--

	Covered Auto Symbol(s)	
--	------------------------	--

PHYSICAL DAMAGE		
-----------------	--	--

Comprehensive		
---------------	--	--

Specified Causes of Loss		
--------------------------	--	--

Collision		
-----------	--	--

	Covered Auto Symbol(s)	
--	------------------------	--

Towing & Labor Cost		
---------------------	--	--

	Covered Auto Symbol(s)	
--	------------------------	--

Miscellaneous Coverages		
-------------------------	--	--

	Covered Auto Symbol(s)	
--	------------------------	--

Other Charges		
---------------	--	--

Certified Acts of Terrorism		
-----------------------------	--	--

	Total Provisional Charges:	
--	----------------------------	--

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

AUTO DEALERS**ITEM THREE - LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS**

Location No. **Address** **Territory**
state your main business location as Location No. 1

ITEM FOUR - LIABILITY COVERAGE - PREMIUMS

Location No.	Classes of Operations	Rating Factor	Number of Persons	Rating Units	Total Rating Units	Liability Premium	Personal Injury Protection Premium	Property Protection Premium
1	Class I - Employees Regular Operators							
	Class I - Employees All Others							
	Class II - Non-Employees Under Age 25							
	Class II - Non-Employees Age 25 or Over							
2	Class I - Employees Regular Operators							
	Class I - Employees All Others							
	Class II - Non-Employees Under Age 25							
	Class II - Non-Employees Age 25 or Over							
3	Class I - Employees Regular Operators							
	Class I - Employees All Others							
	Class II - Non-Employees Under Age 25							
	Class II - Non-Employees Age 25 or Over							
TOTAL PREMIUMS								

Definitions:**Class I - Employees****Regular Operator -**

Proprietors, partners and officers active in the "garage operations," salespersons, general managers, service managers; any employee whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto."

All Others - All other employees

- NOTE:**
1. Part-time employees working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
 2. Part-time employees working an average of less than 20 hours or more a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM FIVE - LIABILITY COVERAGE FOR YOUR CUSTOMERS.

In accordance with paragraph a.(2)(d) of WHO IS INSURED under SECTION II - LIABILITY COVERAGE, Liability coverage for your customers is limited unless indicated below by "☒".

☐ If this box is checked, paragraph a.(2)(d) of WHO IS INSURED under SECTION II - LIABILITY COVERAGE does not apply.

To report a claim, call your Agent or 1-800-366-6446

ITEM SIX - GARAGEKEEPERS COVERAGES AND PREMIUMS

Location No.	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM;
		OR \$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO
	Specified Causes Of Loss	\$		MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.

Location No.	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM;
		OR \$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO
	Specified Causes Of Loss	\$		MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.

Location No.	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM;
		OR \$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO
	Specified Causes Of Loss	\$		MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.

Total Premium

PREMIUM FOR ALL LOCATIONS

Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$

DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐ **EXCESS INSURANCE**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **PRIMARY INSURANCE**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

ITEM SEVEN - SCHEDULE FOR DEALERS PHYSICAL DAMAGE

PHYSICAL DAMAGE INSURANCE - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASES.

Each of the following PHYSICAL DAMAGE COVERAGE coverages that is indicated in **ITEM TWO** applies only to the types of "autos" and interests indicated below by " ".

Coverages	Types of autos		Interests covered			
	New "Autos"	Used "autos" and Demonstrators	Your interest in covered "autos" you own	Your interest and the financed covered "autos"	Your interest and the interest of any creditor named as a loss payee.	All interest in any auto not owned by you or any creditor while in your possession on consignment for sale.
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec'd Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location No.	Coverages	Limit of Insurance For Each Location			Rates	Premium
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM: OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Specified Causes of Loss					
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM: OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Specified Causes of Loss					
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM: OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Specified Causes of Loss					
All	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO			Adjustment Factor	Premium
		BLANKET ANNUAL COLLISION RATES				
		First \$50,000	\$50,001 to \$100,000	Over \$100,000		
Our limit of insurance for "loss" at all locations other than those stated in ITEM THREE					TOTAL PREMIUM	

\$ Additional locations where you store covered "autos"

\$ In transit

PREMIUM BASIS - REPORTING (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "[X]")

☐ **REPORTING BASIS** (Quarterly or Monthly as indicated below by "[X]").

You must report to us on our form the locations of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, you executives, your employees or family members and other non- employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in **ITEM THREE**. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

☐ **QUARTERLY** You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.

☐ **MONTHLY** You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☐ **NONREPORTING BASIS** Stated limit of liability shown above applies.

Loss Payee - Any loss is payable as interest may appear to you and:

To report a claim, call your Agent or 1-800-366-6446

ITEM EIGHT - MEDICAL PAYMENTS COVERAGE

Premium

Auto Medical Payments Only

Auto Medical Payments Premium equals %
of the Liability Premium

Premises and Operations Medical Payments**(Does not apply to bodily injury caused by any auto)**

Premises and Operations Medical Payments
equals % of the Liability Premium

Premises and Operations and Auto Medical Payments

Premises and Operations and Auto Medical
Payments Premium equals %
of the Liability Premium

ITEM NINE - SCHEDULE FOR DEALERS COVERED AUTOS FURNISHED TO OTHERS

**SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II
OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS**

No.	Year, Trade Name, Model, Body Style	V.I.N.	Serial Number	Original Cost New	Class	Rating Terr.	Zip Code where the Covered Auto will be principally garaged

To report a claim, call your Agent or 1-800-366-6446

ITEM NINE - SCHEDULE FOR DEALERS COVERED AUTOS FURNISHED TO OTHERS (CONTINUED)

Coverage is provided where a premium and a limit of liability is shown for the coverage.

No.	Liability	Med Pay	a. PIP	ACV or Stated Amount	a. Specified Cause of Loss	ACV minus ded. shown below	Collision			a. U.M. Limit	Total Premium
	Limit \$	Limit \$			b. Comp- rehensive					b. U.I.M. Limit (if not incl. with U.M.)	
	Each Accident	Each Insured	b. Added PIP								
	Premium	Premium	Premium		Premium		Premium	Premium	Premium	Premium	
			a. _____ b. _____		a. _____ b. _____					a. _____ b. _____	
			a. _____ b. _____		a. _____ b. _____					a. _____ b. _____	
			a. _____ b. _____		a. _____ b. _____					a. _____ b. _____	
			a. _____ b. _____		a. _____ b. _____					a. _____ b. _____	
			a. _____ b. _____		a. _____ b. _____					a. _____ b. _____	
			a. _____ b. _____		a. _____ b. _____					a. _____ b. _____	
TOTAL PREMIUM											

Covered Auto No.	Person or organization to which the Covered "Auto" has been furnished. (Do not include Covered "Autos" which have been furnished to Class I or Class II operators)

ITEM TEN - LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS		RATE	PREMIUM
51-200 Miles			\$
Over 200 Miles			\$
TOTAL			\$

To report a claim, call your Agent or 1-800-366-6446

NAMED INSURED:

POLICY NUMBER:

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements that make up the Commercial Business Auto coverage part of your policy. Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
--------------------	--------------

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured Is:

Named Insured Business Is:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART

CHARGES

Total Charges for all of the above coverage parts:

* (Included)

*Certified Acts of Terrorism Coverage

Note: This is not a bill

IMPORTANT MESSAGES

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 42 01 08

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

**Business Automobile
Policy Declarations**

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES

LIMIT

PREMIUM

Total Provisional Charges:

Note: This is not a bill

SUMMARY OF COVERED VEHICLES

UNIT	YEAR	MAKE/MODEL	VIN	TERR	ST	CLASS	ZIP	SYM/COST
------	------	------------	-----	------	----	-------	-----	----------

To report a claim, call your Agent or 1-800-366-6446
DS 70 21 01 08

Coverage Is Provided In:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Business Automobile
Policy Declarations**

POLICY NUMBER:

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

ITEM THREE: COVERED VEHICLES AND PREMIUM DETAIL

Rating Factors	CLASS	SYM/COST	TERRITORY	RISK STATE	RATING ZIP
-------------------	-------	----------	-----------	------------	------------

DESCRIPTION	PREMIUM
-------------	---------

Total Premium

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial General Liability
Declarations**

Basis:

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF CLASSIFICATIONS - BY LOCATION

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	
	Damage To Premises Rented To You Limit (Any One Premises)	
	Medical Expense Limit (Any One Person)	
	Personal and Advertising Injury Limit	
	General Aggregate Limit (Other than Products - Completed Operations)	
	Products - Completed Operations Aggregate Limit	

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

CG 80 00 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Declarations Schedule

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF CLASSIFICATIONS - BY LOCATION

Insured:

CLASSIFICATION -

COVERAGE DESCRIPTION	PREMIUM BASED ON-	PREMIUM
----------------------	-------------------	---------

CLASSIFICATION -

COVERAGE DESCRIPTION	PREMIUM BASED ON-	PREMIUM
----------------------	-------------------	---------

Total:

To report a claim, call your Agent or 1-800-366-6446

CG 80 01 01 08

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Declarations Schedule

Named Insured

Agent

Insured:

CLASSIFICATION -

COVERAGE DESCRIPTION

PREMIUM BASED ON-

PREMIUM

CLASSIFICATION -

COVERAGE DESCRIPTION

PREMIUM BASED ON-

PREMIUM

SUMMARY OF OTHER COVERAGE

COVERAGE DESCRIPTION

PREMIUM

Commercial General Liability Schedule Total:

To report a claim, call your Agent or 1-800-366-6446

CG 80 01 01 08

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Liquor Liability
Declarations**

Basis:

Policy Period:

From To
12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF LIMITS AND CHARGES

Liquor Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Common Cause Limit	
	Aggregate Limit	

Explanation of Charges	DESCRIPTION	PREMIUM
	Liquor Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

CG 81 03 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Railroad Protective Liability
Declaration**

Basis: Occurrence

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF LIMITS AND CHARGES

Railroad Protective Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	
	Aggregate Limit	

Explanation of Charges	DESCRIPTION	PREMIUM
	Railroad Protective Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

SUMMARY OF OPERATIONS

Name and Address of Designated Contractor:

Description of Work to be Performed:

To report a claim, call your Agent or 1-800-366-6446

CG 81 04 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Products/
Completed Operation Liability
Declarations

Basis:

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF LIMITS AND CHARGES

Products/ Completed Operaton Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	
	Aggregate Limit	

Explanation of Charges	DESCRIPTION	PREMIUM
	Products/Completed Operation Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

CG 81 06 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Employers' Stop Gap Liability
Declarations**

Basis: Occurrence

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF LIMITS AND CHARGES

Employee Stop Gap Liability Limits of Insurance	DESCRIPTION	LIMIT
	Bodily Injury by Accident Limit - each Accident	
	Bodily Injury by Disease Limit - each Employee	
	Bodily Injury by Disease Limit - Aggregate	

Explanation of Charges	DESCRIPTION	PREMIUM
	Employee Stop Gap Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

DS 70 19 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Employee Benefits Liability
Declarations**

Basis: Claims-Made

Retroactive Date:

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF LIMITS AND CHARGES

Employee Benefits Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Employee Limit	
	Aggregate Limit	
	Deductible	

Explanation of Charges	DESCRIPTION	PREMIUM
	Employee Benefits Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

DS 80 09 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Basis: Occurrence

Named Insured

Agent

SUMMARY OF LIMITS AND CHARGES

Owners and Contractors Protective Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	
	Aggregate Limit	

Explanation of Charges	DESCRIPTION	PREMIUM
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

SUMMARY OF OPERATIONS

Name and Address of Designated Contractor:

Description of Work to be Performed:

To report a claim, call your Agent or 1-800-366-6446

DS 81 00 01 08

Page 1 of 1

Various Logos

9450 Seward Road, Fairfield, Ohio 45014

Agency Code:

Policy Number:

Policy Period:

12:01 a.m. Standard Time
at Insured Mailing Location

**Custom HomeBuilders
Common Policy Declarations**

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured Is:

Named Insured Business Is:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART

CHARGES

Commercial General Liability

Total Charges for all of the above coverage parts:

*(Included)

*Certified Acts of Terrorism Coverage

Note: This is not a bill

IMPORTANT MESSAGES

Servicing Office
and Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-4664

DS 81 07 01 08

Page 1 of 5



9450 Seward Road, Fairfield, Ohio 45014

Agency Code:
Policy Number:
Policy Period:
*12:01 a.m. Standard Time
at Insured Mailing Location*

Custom HomeBuilders
Common Policy Declarations

Named Insured	Agent
---------------	-------

COMMON POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements that are common to one or more poarts of your policy.
Refer to these documents for detailed information concerning your coverage.

Form Number	Title
-------------	-------

In witness whereof, we have caused this policy to be signed by our authorized officers.

Servicing Office
and Issue Date

To report a claim, call your Agent or 1-800-366-4664



9450 Seward Road, Fairfield, Ohio 45014

Agency Code:
Policy Number:
Policy Period:
*12:01 a.m. Standard Time
at Insured Mailing Location*

Custom HomeBuilders
Common Policy Declarations

Named Insured	Agent
---------------	-------

COMMON POLICY FORMS AND ENDORSEMENTS - COUNTINUED

This section lists the Forms and Endorsements that are common to one or more poarts of your policy.
Refer to these documents for detailed information concerning your coverage.

Form Number	Title
-------------	-------

Servicing Office
and Issue Date

To report a claim, call your Agent or 1-800-366-4664



9450 Seward Road, Fairfield, Ohio 45014

Agency Code:
Policy Number:
Policy Period:
*12:01 a.m. Standard Time
at Insured Mailing Location*

Custom HomeBuilders
Common Policy Declarations

Named Insured Agent

SUMMARY OF LIMITS AND CHARGES

	DESCRIPTION	LIMIT
Commercial General Liability Limits of Insurance	Each Occurrence Limit	
	Damage to Premises Rented to You Limit (Any One Premises)	
	Medical Expense Limit (Any One Person)	
	Personal and Advertising Injury Limit	
	General Aggregate Limit (Other than Products - Completed Operations)	
	Products - Completed Operations Aggregate	
	Deductible Per Claim Property Damage Liability Deductible	

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

SUMMARY OF LOCATIONS YOU OWN, RENT, OR OCCUPY

- Location 1
- Location 2
- Location 3
- Location 4

Servicing Office
and Issue Date

To report a claim, call your Agent or 1-800-366-4664



9450 Seward Road, Fairfield, Ohio 45014

Agency Code:
Policy Number:
Policy Period:
*12:01 a.m. Standard Time
at Insured Mailing Location*

Custom HomeBuilders
Common Policy Declarations

Named Insured Agent

LOCATION 1:

SUMMARY OF CLASSIFICATIONS - BY LOCATION

COVERAGE DESCRIPTION	PREMIUM BASED ON - Payroll	Rate/Per 1000	PREMIUM
88036 CHBP - Direct Payroll Premises/Operations Products/Completed Operations			
88037 CHBP - Executive Supervisor Premises/Operations Products/Completed Operations			
88038 CHBP - Inadequately Insured Subcontractors Premises/Operations Products/Completed Operations			

COVERAGE DESCRIPTION	PREMIUM BASED ON - Total Cost	Rate/Per 1000	PREMIUM
88039 CHBP - Adequately Insured Subcontractors Premises/Operations Products/Completed Operations			

COVERAGE DESCRIPTION	PREMIUM BASED ON - Each	Rate/Per Home/Acre	PREMIUM
88041 CHBP - Homes Premises/Operations			
88042 CHBP - Land Premises/Operations			

Servicing Office
and Issue Date

To report a claim, call your Agent or 1-800-366-4664

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Printers Errors And Omissions Liability
Declarations**

Basis: Occurrence

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF LIMITS AND CHARGES

Printers Errors And Omissions Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Claim Limit	
	Aggregate Limit	

Explanation of Charges	DESCRIPTION	PREMIUM
	Printers Errors And Omissions Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

DS 70 35 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Declarations Schedule

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF CLASSIFICATIONS - BY LOCATION

Insured:

CLASSIFICATION -

COVERAGE DESCRIPTION

PREMIUM BASED ON-

PREMIUM

Total:

To report a claim, call your Agent or 1-800-366-6446

DS 70 36 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Contractors E & O
Declarations**

Basis: Claims-Made

Retroactive Date:

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF LIMITS AND CHARGES

Contractors E & O Liability Limits of Insurance	DESCRIPTION	LIMIT
	Per Claim Limit	
	Aggregate Limit	
	Deductible Applicable to Each Claim	

Explanation of Charges	DESCRIPTION	PREMIUM
	Contractors E & O Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

DS 81 06 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Commercial Inland Marine Declarations

Named Insured

Agent

SUMMARY OF CHARGES

Commercial Inland Marine Coverage Totals	DESCRIPTION	PREMIUM
---	-------------	---------

Explanation of
Charges

DESCRIPTION

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

CM 74 00 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

**Commercial Inland Marine
Supplemental Declarations Schedule**

Named Insured

Agent

SUMMARY OF COVERAGES

Schedule of	DESCRIPTION	Limit of Insurance
-------------	-------------	--------------------

To report a claim, call your Agent or 1-800-366-6446

CM 74 10 01 08

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Accounts Receivable Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Accounts Receivable	Address	Limit of Insurance
---------------------	---------	--------------------

Coverage Applicable At Your Premises	Receptacle Type
--------------------------------------	-----------------

Premium

Accounts Receivable	Address	Limit of Insurance
---------------------	---------	--------------------

Coverage Applicable At Your Premises	Receptacle Type
--------------------------------------	-----------------

Premium

To report a claim, call your Agent or 1-800-366-6446

CM 74 20 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Accounts Receivable Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Accounts Receivable	Address	Limit of Insurance
---------------------	---------	--------------------

Coverage Applicable Away From Your Premises	Address	Limit of Insurance
---	---------	--------------------

Accounts Receivable	Percentage of Duplicated Records
Duplicate Records	Duplicate Records Address

Accounts Receivable	Nonreporting
Rates And Premiums	Rate
	Premium
	Reporting
	Deposit Premium
	Minimum Annual Premium
	Reporting Period
	Premium Adjustment Period
Rates	

Total Coverage Premium

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Camera And Musical
Instrument Dealers**

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

**Camera
And
Musical
Instrument
Dealers**

Description

Limit of Insurance

Property At Your Premises

We cover only at the following described premises:

Premises Address

**Property Away From Your Premises
In The Care, Custody Or Control Of
Your Or Your Employees**

Property In Transit

**Property not At Your Premises
And Not Included Above**

All Covered Property At All Locations

To report a claim, call your Agent or 1-800-366-6446

CM 74 21 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Camera And Musical
Instrument Dealers**

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Camera And Musical Instrument Dealers	Description	
	Non-reporting Rate	Premium
Rates And Premium	Reporting Provisions	
	Deposit Premium	
	Minimum Annual Premium	
	Reporting Period	
	Premium Adjustment Period	
	Premium Base	
	Rates	
Camera And Musical Instrument Dealers	Description	Limit of Insurance
	Premises Address	
Non-Reporting Additionally Covered Property	Furniture, Fixtures and Office Supplies	
	Machinery, Tools and Fittings	
	Patterns, Dies, Molds and Models	
	Improvements and Betterments	
		Occurrence Deductible

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Commercial Articles Coverage**

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Commercial
Articles
Coverage

Address

Description

Limit of Insurance

Premium

Premium

To report a claim, call your Agent or 1-800-366-6446

CM 74 22 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From To
12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Commercial Articles Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Commercial
Articles
Coverage

Address

List Of
Property
On File
Location

Total Limit of Insurance

Occurrence Deductible

Total Coverage Premium

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Physicians And Surgeons
Equipment Coverage**

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Physicians And Surgeons Coverage	<u>Address</u>	<u>Limit of Insurance</u>
---	----------------	---------------------------

Property At Your Premises	<i>Premium</i>
------------------------------	----------------

Physicians And Surgeons Coverage	<u>Address</u>	<u>Limit of Insurance</u>
---	----------------	---------------------------

Property At Your Premises	<i>Premium</i>
------------------------------	----------------

Physicians And Surgeons Coverage	<u>Address</u>	<u>Limit of Insurance</u>
---	----------------	---------------------------

Property At Your Premises	<i>Premium</i>
------------------------------	----------------

To report a claim, call your Agent or 1-800-366-6446

CM 74 30 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014
**Commercial Inland Marine
Declarations Schedule
Physicians and Surgeons
Equipment Coverage**

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Physicians And Surgeons Coverage	Description	Limit of Insurance
	<u>All Covered Property At All Locations</u>	

Blanket
Coverage

Physicians And Surgeons Coverage	Description	Limit of Insurance
Coverage Options	Additional Coverage Extensions Property usually carried by the Insured Artificially Generated Current Scheduled Property	

Total Limit of Insurance

Artificially Generated Current Coverage Occurrence Deductible

Other than Artificially Generated Current Coverage Occurrence Deductible

Total Coverage Premium

To report a claim, call your Agent or 1-800-366-6446

CM 74 30 01 08

Page 2 of 2

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014
**Commercial Inland Marine
Declarations Schedule
Valuable Papers and
Records Coverage**

Policy Period:

From To
*12:01 a.m. Standard Time
at Insured Mailing Location*

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

**Valuable
Papers And
Records**

Address

**Scheduled
Property**

Description

Limit of Insurance

Receptacle Type

Premium

**Valuable
Papers And
Records**

Address

**Unscheduled
Property**

Description

Limit of Insurance

Receptacle Type

Premium

To report a claim, call your Agent or 1-800-366-6446

CM 74 33 01 08

Page 1 of 3

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014
**Commercial Inland Marine
Declarations Schedule
Valuable Papers and
Records Coverage**

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Valuable Papers And Records	<u>Address</u>
--	-----------------------

Scheduled Property	<u>Description</u>	<u>Limit of Insurance</u>
-------------------------------	---------------------------	----------------------------------

<u>Receptacle Type</u>

Premium

Valuable Papers And Records	<u>Address</u>
--	-----------------------

Unscheduled Property	<u>Description</u>	<u>Limit of Insurance</u>
---------------------------------	---------------------------	----------------------------------

<u>Receptacle Type</u>

Premium

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Valuable Papers and
Records Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Valuable
Papers And
Records

Away From Premises

Limit of Insurance

Occurrence Deductible

Total Coverage Premium

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Bailee's Coverage**

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

**Bailee's
Coverage**

Address

Description

Limit of Insurance

In Transit

Premium

**Bailee's
Coverage**

Address

Description

Limit of Insurance

In Transit

Premium

To report a claim, call your Agent or 1-800-366-6446

CM 75 11 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From To
12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Bailee's Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Bailee's
Coverage
Reporting
Provisions

Reporting Period
Estimated Annual Receipts
Rate per \$100 of Receipts

Total Limit of Insurance

Occurrence Deductible

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Builder's Risk Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Builder's Risk Coverage	Address	Provisional Limit of Insurance
-------------------------------	---------	--------------------------------

This section applies only if rates and premiums are shown and if the Builder's Risk Completed Value Reporting Endorsement CM 75 21 is attached to the policy.

Builder's Risk Coverage	Monthly Rate Per \$100 of Amounts Reported Reporting Period
-------------------------------	--

Reporting
Provisions

Deposit Premium

To report a claim, call your Agent or 1-800-366-6446

CM 75 19 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Builder's Risk Coverage**

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Builder's
Risk
Coverage

Description

Optional
Coverage

Premium

Builder's
Risk
Coverage-
The Most We
Will Pay

Description

Limit of Insurance

Any One Loss or Occurrence
Any One Storage Location
In Transit

Increased Any One Storage Location Limit Premium

Increased In Transit Limit Premium

Occurrence Deductible

To report a claim, call your Agent or 1-800-366-6446

CM 75 19 01 08

Page 2 of 2

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Computer and Telecommunications
Equipment Coverage**

Policy Period:

From To
12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Computer
And Tele-
Communi-
cations
Equipment
Coverage

Address

Description

Limit of Insurance

Occurrence Deductible
Breakdown Deductible

Premium

Extension
of Coverage

Description

Limit of Insurance

Premium

To report a claim, call your Agent or 1-800-366-6446

CM 75 43 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Computer and Telecommunications
Equipment Coverage**

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Computer
And Tele-
Communi-
cations
Equipment
Coverage

Address

Description

Limit of Insurance

Occurrence Deductible
Breakdown Deductible

Premium

Extension
of Coverage

Description

Limit of Insurance

Premium

Computer
And Tele-
Communi-
cations
Equipment
Coverage

Away From Premises

Limit of Insurance

Total Coverage Premium

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Tools and Equipment Coverage**

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Tools And
Equipment
Coverage

Description

Limit of Insurance

Premium

Tools And
Equipment
Coverage

Additional Coverages apply if shown below.
Description

Limit of Insurance

Additional
Coverages

To report a claim, call your Agent or 1-800-366-6446

CM 75 58 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Tools and Equipment Coverage**

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Tools And Equipment Coverage	Optional Coverages apply if shown below. Description	Limit of Insurance
------------------------------------	---	--------------------

Optional Coverages		<i>Premium</i>
-----------------------	--	----------------

Premium

Tools And Equipment Coverage	Description	Limit of Insurance
------------------------------------	-------------	--------------------

Employee Tools	Employee Tools	
-------------------	----------------	--

Employee Tools Deductible

Premium

Occurrence Deductible

Total Coverage Premium

To report a claim, call your Agent or 1-800-366-6446

CM 75 58 01 08

Page 2 of 2

Coverage Is Provided In:

POLICY NUMBER

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

**Commercial Inland Marine
Declarations Schedule
Installation Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

**Installation
Coverage**

Description

Installation Site Limit of Insurance
In Transit Limit of Insurance
Occurrence Limit of Insurance
Increased Debris Removal Limit of Insurance

Premium

**Installation
Coverage**

Description

**Reporting
Provisions**

Estimated Gross Installation Receipts
Rate Per \$100 of Gross Installation Receipts

Premium

Occurrence Deductible

To report a claim, call your Agent or 1-800-366-6446

CM 75 81 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Miscellaneous Property Coverage**

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Miscellaneous Property Coverage	Description of Items	Limit of Insurance
---------------------------------------	----------------------	--------------------

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014
**Commercial Inland Marine
Declarations Schedule
Miscellaneous Property Coverage**

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Miscellaneous Property Coverage	Description of Items	Limit of Insurance
---------------------------------------	----------------------	--------------------

Total Limit of Insurance

Occurrence Deductible

Total Coverage Premium

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

**Commercial Inland Marine
Declarations Schedule
Motor Truck Cargo**

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Motor Truck Cargo Coverage	Vehicle Description	Limit of Insurance
	Property Insured	
	Premises	
		Premium

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Motor Truck Cargo**

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Motor Truck Cargo Coverage	Vehicle Description	Limit of Insurance
	Property Insured	
	Premises	

Premium

Multiple Units Occurrence Limit	Vehicle Description	Limit of Insurance
	The most we will pay in any one occurrence for a "loss" involving more than one unit	

Occurrence Deductible

Total Coverage Premium

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Patterns and Dies Coverage**

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

Patterns And
Dies Coverage

Address

Limit of Insurance

Description of Property

Premium

Patterns And
Dies Coverage

Address

Limit of Insurance

Description of Property

Premium

To report a claim, call your Agent or 1-800-366-6446

CM 76 22 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Patterns and Dies Coverage**

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Patterns And Dies Coverage	<u>Address</u>	<u>Limit of Insurance</u>
----------------------------	----------------	---------------------------

	<u>Description of Property</u>	
--	--------------------------------	--

Premium

Transit Limit

Occurrence Deductible

Total Coverage Premium

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Radio, TV Tower And
Equipment Coverage**

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule

Radio, T.V.
Tower And
Equipment
Coverage

Tower Address

Limit of Insurance

Radio And/Or
Television
Towers

Premium

Radio, T.V.
Tower And
Equipment
Coverage

Address

Limit of Insurance

Transmitting
And Receiving
Equipment

Premium

To report a claim, call your Agent or 1-800-366-6446

CM 76 31 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Radio, TV Tower And
Equipment Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Radio, T.V.
Tower And
Equipment
Coverage

Description

Number of Units

Maximum Amount per Unit

Mobile
Television
Unit Contents

Total Limit of Insurance

Premium

Radio, T.V.
Tower And
Equipment
Coverage

Description

Limit of Insurance

Other
Transmitting,
Receiving or
Communication
Equipment

Premium

Occurrence Deductible

Total Coverage Premium

To report a claim, call your Agent or 1-800-366-6446

CM 76 31 01 08

Coverage Is Provided In:

POLICY NUMBER

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Transportation Coverage**

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

**Transportation
Coverage**

Description

**Property In
Transit While
In Custody Of
A Common
Carrier**

Shipment Limit of Insurance
Estimated Annual Values Shipped
Rate

Deposit Premium

**Transportation
Coverage**

Description

**Property In
Transit While
In Custody Of
A Common
Carrier**

Shipment Limit of Insurance
Estimated Annual Values Shipped
Rate

Deposit Premium

To report a claim, call your Agent or 1-800-366-6446

CM 76 62 01 08

Page 1 of 2

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Transportation Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES - continued

Transportation Coverage	Description
-------------------------	-------------

Property In Transit While In Custody Of A Common Carrier	Shipment Limit of Insurance Estimated Annual Values Shipped Rate
--	--

Deposit Premium

Transportation Coverage	Description
	Reporting Period

Reporting Provisions	<i>Annual Minimum Premium</i>
----------------------	-------------------------------

Transportation Coverage	Description
	Limit of Insurance

The Most We Will Pay In Any One Loss

Occurrence Deductible

To report a claim, call your Agent or 1-800-366-6446

CM 76 62 01 08

Page 2 of 2

Coverage Is Provided In:

POLICY NUMBER

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial Inland Marine
Declarations Schedule
Trip Transit Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

**Trip
Transit
Coverage**

Description

Anticipated Date of Departure

Anticipated Date of Arrival

Location of Departure

Location of Destination

Method of Shipment

**Trip
Transit
Optional
Coverage**

Limit of Insurance

Occurrence Deductible

Total Coverage Premium

To report a claim, call your Agent or 1-800-366-6446

CM 76 71 01 08

Page 1 of 1

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

POLICY NUMBER

Policy Period:

From **To**
12:01 a.m. Standard Time
at Insured Mailing Location

VARIOUS LOGOS

**Commercial Inland Marine
Declarations
Artisan Contractors Coverage**

Named Insured

Agent

SUMMARY OF COVERAGES

Insurance applies only for coverages for which a limit of insurance is shown.

Artisan Contractors Coverage Totals	Description	Limit of Insurance	Premium
	Contractors' Tools and Equipment Coverage		
	Contractors' Installation Floater		
	Contractors' Computer Coverage		

Description	Limit of Insurance	Premium
Contractors' Office Equipment Coverage		
Contractors' Office Premises Address		

Contractors' Office Equipment Coverage
Contractors' Office Premises Address

Contractors' Office Equipment Coverage
Contractors' Office Premises Address

Amount of Deductible Any One Occurrence

Total Coverage Premium

To report a claim, call your Agent or 1-800-366-6446

CM 77 43 01 08

Page 1 of 2

Coverage Is Provided In:

9450 Seward Road, Fairfield, Ohio 45014

VARIOUS LOGOS

**Commercial Inland Marine
Declarations
Artisan Contractors Coverage**

POLICY NUMBER

Policy Period:

From **To**
12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF CHARGES

Explanation of
Charges

DESCRIPTION

Total Charges:

Note: This is not a bill.

To report a claim, call your Agent or 1-800-366-6446

CM 77 43 01 08

Page 2 of 2

NAME OF COMPANY		POLICY NO.	
NAMED INSURED			
AUTOMOBILE SERVICES SUPPLEMENTAL DECLARATIONS			
ITEM TWO -- Schedule Of Auto Coverages And Covered Autos This policy provides only those coverages where there is an entry of one or more symbols from the COVERED AUTO Section of the GARAGE COVERAGE FORM next to the name of the coverage. Autos are shown as covered for a particular coverage by the entry of these symbols. Entry of a symbol next to Liability provides coverage for "garage operations."			
COVERAGES	COVERED AUTO SYMBOLS	LIMIT OF INSURANCE The Most We Will Pay For Any One Accident Or Loss	
Liability		As stated in the Policy Declarations.	
Personal Injury Protection (PIP) (or equivalent no-fault coverage)		Separately stated in each PIP endorsement minus the following deductible:	\$ _____ Deductible
Added Personal Injury Protection (or equivalent no-fault coverage)		Separately stated in each Added PIP Endorsement.	
Property Protection Insurance (PPI) (Michigan only)		Separately stated in the PPI Endorsement minus the following deductible for each accident:	\$ _____ Deductible
Medical Payments		As stated in the Policy Declarations.	
Uninsured Motorsts (UM)			\$ _____
Underinsured Motorsts (UIM)			\$ _____
Garagekeepers Comprehensive Coverage		A \$250 deductible applies to each covered auto. A \$1,000 maximum deductible Loc. 1: \$ _____ applies for all such loss in any one event. Loc. 2: \$ _____	
Garagekeepers Collision Coverage		A \$250 deductible applies to each covered Loc. 1: \$ _____ auto. Loc. 2: \$ _____	
Physical Damage:		Actual Cash Value or cost of repair, whichever is less, minus deductible stated below:	
Comprehensive coverage		The following deductible applies to each covered auto. No deductible applies to loss caused by fire or lightning.	\$ _____ Deductible
Collision Coverage		The following deductible applies to each covered auto:	\$ _____ Deductible
Specified Causes of Loss Coverage		A \$25 deductible applies to each covered auto for loss caused by mischief or vandalism.	
Towing and Labor		Limit for each disablement of a private passenger auto:	\$ _____
Garagekeepers Coverage applies on the basis indicated by an " <input checked="" type="checkbox"/> ". Coverage Options: <input type="checkbox"/> Legal Liability Insurance. If this box is checked, coverage applies only to damages for loss to a covered auto that you or any insured legally must pay. <input type="checkbox"/> Direct Primary Insurance. If this box is checked, coverage applies without regard to you or any insured's legal liability for loss to a covered auto and is primary insurance.			

VARIOUS LOGOS

POLICYHOLDER INFORMATION

Named Insured and Mailing Address

Agent Mailing Address & Phone No.

Your
Commercial
Documents

DEAR POLICYHOLDER:

We know you worked hard to build your business. We work together with your agent to help protect the things you care about. Thank you for selecting us.

Enclosed are your insurance documents consisting of:

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at

!
Policy
Reminder

Verify that all information is correct
If you have any changes, please contact your
Agent at
In case of a claim, call your Agent or 1-800-366-6446

YOU NEED TO KNOW

CONTINUED ON NEXT PAGE

To report a claim, call your Agent or 1-800-366-6446

DS 70 20 01 08

You Need To Know - continued

NOTICE(S) TO POLICYHOLDER(S)

The Important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. the Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does no alter policy provisions or conditions. Only the provisions of you policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is no covered.

These forms were included in your original policy. An asterisk () indicates that a new or updated version is included in this package.*

FORM NUMBER	TITLE
-------------	-------

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured Is:

Named Insured Business Is:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART

CHARGES

Total Charges for all of the above coverage parts:

* (Included)

*Certified Acts of Terrorism Coverage

Note: This is not a bill

IMPORTANT MESSAGES

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 01 08

Coverage Is Provided In:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Common Policy Declarations

POLICY NUMBER:

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

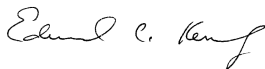
Agent Mailing Address & Phone No.

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy.
Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
-------------	-------

In witness whereof, we have caused this policy to be signed by our authorized officers.



Secretary



President

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 01 08

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

**Commercial General Liability
Declarations**

Basis:

Policy Period:

From To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured

Agent

SUMMARY OF CLASSIFICATIONS - BY LOCATION

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	
	Damage To Premises Rented To You Limit (Any One Premises)	
	Medical Expense Limit (Any One Person)	
	Personal and Advertising Injury Limit	
	General Aggregate Limit (Other than Products - Completed Operations)	
	Products - Completed Operations Aggregate Limit	

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	
	Certified Acts of Terrorism Coverage	

Total Provisional Charges:

Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

DS 70 22 01 08

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Declarations Schedule

Named Insured

Agent

SUMMARY OF CLASSIFICATIONS - BY LOCATION

Insured:

CLASSIFICATION -

COVERAGE DESCRIPTION

PREMIUM BASED ON-

PREMIUM

CLASSIFICATION -

COVERAGE DESCRIPTION

PREMIUM BASED ON-

PREMIUM

Total:

To report a claim, call your Agent or 1-800-366-6446

DS 70 23 01 08

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

Result Of Cancellation

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

A cancellation effective has been processed on this policy.

This Cancellation results in a change in the charges as follows:

Total/Return Charges:

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 25 01 08

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

Result Of Reinstatement

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

The policy is reinstated effective

This Reinstatement results in a change in the charges as follows:

Additional Premium:

Total Additional Charges:

Note: This is not a bill

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 26 01 08

Coverage Is Provided In:

Policy Number:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

Endorsement Period:

POLICY CHANGE ENDORSEMENT

*12:01 a.m. Standard Time
at Insured Mailing Location*

Named Insured and Mailing Address

Agent Mailing Address & Phone No.

CHANGE(S) TO POLICY -

THIS POLICY CHANGE ENDORSEMENT RESULTS IN A CHANGE IN THE CHARGES AS FOLLOWS:

Note: This is not a bill

DESCRIPTION OF CHANGE(S)

Servicing Office
and Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446
DS 70 27 01 08

Coverage Is Provided In:

Policy Number:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

Endorsement Period:

POLICY CHANGE ENDORSEMENT

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured and Mailing Address

Agent Mailing Address & Phone No.

OTHER NAMED INSURED

SUMMARY OF LOCATIONS

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy.
Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
-------------	-------

Servicing Office
and Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 27 01 08

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

Named Insured Is:

Named Insured Business Is:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART

CHARGES

Total Charges for all of the above coverage parts:

* (Included)

*Certified Acts of Terrorism Coverage

Note: This is not a bill

IMPORTANT MESSAGES

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

IMPORTANT MESSAGES - Continued

NOTICE(S) TO POLICYHOLDER(S)

The important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. The Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does not alter policy provisions or conditions. Only the provisions of your policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is not covered.

FORM NUMBER	TITLE
-------------	-------

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Common Policy Declarations

POLICY NUMBER:

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy.
Refer to these documents for detailed information concerning your coverage.

FORM NUMBER

TITLE

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy.
Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
-------------	-------

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Common Policy Declarations

POLICY NUMBER:

Policy Period:

From

To

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

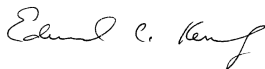
Agent Mailing Address & Phone No.

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy.
Refer to these documents for detailed information concerning your coverage.

FORM NUMBER	TITLE
-------------	-------

In witness whereof, we have caused this policy to be signed by our authorized officers.



Secretary



President

To report a claim, call your Agent or 1-800-366-6446

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

Result Of Reinstatement

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

The policy is reinstated effective

This Reinstatement results in a change in the charges as follows:

Additional Premium:

Total Additional Charges:

Note: This is not a bill

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 34 01 08

Page 1 of 1

Coverage Is Provided In:

POLICY NUMBER:

VARIOUS LOGOS

9450 Seward Road, Fairfield, Ohio 45014

Policy Period:

From

To

Result Of Cancellation

12:01 a.m. Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

A cancellation effective has been processed on this policy.

This Cancellation results in a change in the charges as follows:

Total/Return Charges:

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 56 01 08

Page 1 of 1

<i>SERFF Tracking Number:</i>	<i>HCAS-125376375</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$650</i>
<i>Company Tracking Number:</i>	<i>CL20070153</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines Forms Filing</i>		
<i>Project Name/Number:</i>	<i>Company Rebranding/CL20070153</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HCAS-125376375</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$650</i>
<i>Company Tracking Number:</i>	<i>CL20070153</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines Forms Filing</i>		
<i>Project Name/Number:</i>	<i>Company Rebranding/CL20070153</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/17/2007
-------------------------	--	-----------------------	----------	------------

Comments:

Document attached.

Attachment:

AR PC TD-1(2007).pdf

Satisfied -Name:	Cover Letter and Filing Memorandum	Review Status:	Approved	12/17/2007
-------------------------	------------------------------------	-----------------------	----------	------------

Comments:

Cover Letter and Filing Memorandum attached.

Attachments:

AR ml cover letter.pdf

Filing Memorandum Rebranding ml.ar.pdf

Exhibit A 1126.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3.	Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #

5.	Company Tracking Number	
-----------	--------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7.	Signature of authorized filer	
8.	Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



December 5, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: THE OHIO CASUALTY INSURANCE COMPANY – NAIC #0111-24074
WEST AMERICAN INSURANCE COMPANY – NAIC #0111-44393
AMERICAN FIRE AND CASUALTY COMPANY – NAIC #0111-24066
OHIO SECURITY INSURANCE COMPANY – NAIC #0111-24082
COMMERCIAL LINES FORMS FILING
REVISED COMPANY FORMS – DUE TO ACQUISITION
OUR FILING NUMBER: CL20070153

In accordance with the filing requirements of your state, we are submitting revised company forms due to the recent acquisition of the Ohio Casualty Group by Liberty Mutual, as outlined on the attached Filing Memorandum.

The lines applicable to this filing are:

GL Artisan Contractors (Ohio Casualty only)	Professional Liability (Ohio Casualty only)
Commercial Automobile	Commercial Inland Marine
General Liability	Businessowners
GL Custom HomeBuilders (Ohio Security only)	

Please note that Ohio Security Insurance Company will be used for General Liability Custom HomeBuilders forms only.

We are submitting this filing to be applicable to all policies written on or after February 9, 2008.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of your state.

David M. Puckett, Product Staff Underwriter
Property and Casualty Operations
1-800-843-6446 Ext. 2842
Fax # (513) 603-3123
E-mail address: dave.puckett@ocas.com

DMP/Enc.

dp1204ml.ar.doc

FILING MEMORANDUM

Due to the recent acquisition of the Ohio Casualty Group by Liberty Mutual, we are filing revised policy declarations, schedules, Auto option selectors, Auto I.D. cards and/or supplemental applications. The supplemental applications are in addition to the standard ACORD applications and ACORD fraud warning statements. (Auto option selectors, Auto I.D. cards and/or supplemental applications are filed only in applicable states as required, and not filed in states where they are not required to be filed.)

These items currently contain Ohio Casualty Group logos, website and phone numbers which we have removed because they are no longer valid due to this acquisition. We will provide the policyholders and agents with the appropriate phone numbers and websites through policyholders notices, mailings and stuffers. Attached is Exhibit A which shows the Liberty Mutual Regional Company logos which will replace the current Ohio Casualty Group logos.

REVISED COMPANY FORMS

GL ARTISAN CONTRACTORS (Ohio Casualty Ins. Co. only)

REVISED FORMS – COUNTRYWIDE

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
DS 81 02	01 08	Artisan Contractors Liability Declarations

COMMERCIAL AUTOMOBILE

REVISED FORMS – COUNTRYWIDE

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
DS 70 38	01 08	Business Auto Policy Manual Declarations
DS 70 39	01 08	Business Auto Policy Manual Declarations Schedule
DS 70 42	01 08	Common Policy Declarations
DS 70 43	01 08	Business Automobile Policy Declarations
DS 70 44	01 08	Truckers Policy Manual Declarations
DS 70 45	01 08	Truckers Policy Manual Declarations Schedule
DS 70 46	01 08	Garage (Non-Dealers) Policy Manual Declarations
DS 70 47	01 08	Garage (Non-Dealers/Dealers) Policy Manual Declarations Schedule
DS 70 48	01 08	Motor Carrier Policy Manual Declarations
DS 70 49	01 08	Motor Carrier Policy Manual Declarations Schedule
DS 70 58	01 08	Garage (Dealers) Policy Manual Declarations

GENERAL LIABILITY

REVISED FORMS – COUNTRYWIDE

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
CG 80 00	01 08	Commercial General Liability Declarations
CG 80 01	01 08	Declarations Schedule
CG 81 03	01 08	Liquor Liability Declarations
CG 81 04	01 08	Railroad Protective Liability Declaration
CG 81 06	01 08	Products/Completed Operations Liability Declarations
DS 70 19	01 08	Employers' Stop Gap Liability Declarations
DS 80 09	01 08	Employee Benefits Liability Declarations
DS 81 00	01 08	Owners and Contractors Protective Liability Declarations
DS 81 07	01 08	Custom Homebuilders Common Policy Declarations <i>(Ohio Security Ins. Co. only)</i>

PROFESSIONAL LIABILITY (Ohio Casualty Ins. Co. only)

REVISED FORMS – COUNTRYWIDE

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
DS 70 35	01 08	Printers Errors and Omissions Liability Declarations
DS 70 36	01 08	Declarations Schedule
DS 81 06	01 08	Contractors E & O Declarations

COMMERCIAL INLAND MARINE

REVISED FORMS – COUNTRYWIDE

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
CM 74 00	01 08	Commercial Inland Marine Declarations (Manual)
CM 74 10	01 08	Commercial Inland Marine Supplemental Declarations Schedule (Manual)
CM 74 20	01 08	Comm'l Inland Marine Dec. Schedule - Accounts Receivable Coverage
CM 74 21	01 08	Comm'l Inland Marine Dec. Schedule - Camera and Musical Instrument Dealers Coverage
CM 74 22	01 08	Comm'l Inland Marine Dec. Schedule - Commercial Articles Coverage
CM 74 30	01 08	Comm'l Inland Marine Dec. Schedule - Physicians and Surgeons Equipment Coverage
CM 74 33	01 08	Comm'l Inland Marine Dec. Schedule - Valuable Papers and Records Coverage
CM 75 11	01 08	Comm'l Inland Marine Dec. Schedule – Bailee's Coverage
CM 75 19	01 08	Comm'l Inland Marine Dec. Schedule - Builders' Risk Coverage
CM 75 43	01 08	Comm'l Inland Marine Dec. Schedule -Computer & Telecomm. Equipment Coverage
CM 75 58	01 08	Comm'l Inland Marine Dec. Schedule - Tools and Equipment Coverage
CM 75 81	01 08	Comm'l Inland Marine Dec. Schedule - Installation Coverage
CM 75 91	01 08	Comm'l Inland Marine Dec. Schedule - Miscellaneous Property Coverage
CM 76 05	01 08	Comm'l Inland Marine Dec. Schedule - Motor Truck Cargo Coverage
CM 76 22	01 08	Comm'l Inland Marine Dec. Schedule - Patterns and Dies Coverage
CM 76 31	01 08	Comm'l Inland Marine Dec. Schedule - Radio, TV Tower and Equipment Coverage
CM 76 62	01 08	Comm'l Inland Marine Dec. Schedule - Transportation Coverage
CM 76 71	01 08	Comm'l Inland Marine Dec. Schedule - Trip Transit Coverage
CM 77 43	01 08	Commercial Inland Marine Declarations - Artisan Contractors Coverage (Manual)

NOTE: Our revised Commercial Inland Marine forms in this list are being filed in all our active states. Some of our revised Commercial Inland Marine declarations and schedules in this list are considered as Uncontrolled (Non-regulated) Inland Marine coverages which are not required to be filed in some states. If your state treats some of these Inland Marine coverages as Uncontrolled (Non-regulated), please ignore these revised forms which are included in this filing.

BUSINESSOWNERS

REVISED FORMS – COUNTRYWIDE

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
BP 79 17	01 08	Automobile Services Supplemental Declarations

MULTILINE

REVISED FORMS – COUNTRYWIDE

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
DS 70 20	01 08	Policyholder Information (Automated)
DS 70 21	01 08	Common Policy Declarations (Automated)
DS 70 22	01 08	Commercial (Line Specific) Declarations (Automated)
DS 70 23	01 08	Commercial (Line Specific) Schedule (Automated)
DS 70 25	01 08	Result of Cancellation (Automated)
DS 70 26	01 08	Result of Reinstatement (Automated)
DS 70 27	01 08	Policy Change Endorsement (Automated)
DS 70 31	01 08	Common Policy Declarations (Manual)
DS 70 34	01 08	Result of Reinstatement (Manual)
DS 70 56	01 08	Result of Cancellation (Manual)

EXHIBIT A

Liberty Mutual Regional Company Logo's

These are samples of some of the logos that maybe placed on the policy declarations, declaration schedules and schedules.

